

Your Vote Matters SuperPAC 9/13/2016

2016 SEP 19 AM 9: 38

Federal Election Commission 999 E Street, N.W.

Washington, D.C. 20463

Subject: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Alexis Puga

Treasurer

20-6 - 00 - 40 - 00 - 00099240

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
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COMMITTEE'S E-MAIL ADDR	IESS		•	
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	Optional Second E-Mail Ad	ddress Neartyseace	19,1m, a, i, 1, ., C, 0, m, 1, 1, 1	لـــا
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COMMITTEE'S WEB PAGE AL	DDRESS (URL)			÷.
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2. DATE 0 9 1	13 2-0 1 6			
3. FEC IDENTIFICATION N	NUMBER ► C	states and the state of the sta		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief i	t is true, correct and complete.	
Type or Print Name of Treasur	rer Alexis	Puga		;
Signature of Treasurer	Aleyo		Date 09 13 201	6
NOTE: Submission of false, erro		n may subject the person signing	this Statement to the penalties of 52 U.S.C. § WITHIN 10 DAYS.	30109.
Office Use		For further information of Federal Election Commiss		

	<u> </u>		(total
5.		•	DMMITTEE
	Can	aidate	Committee:
	(a)	10 de	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	Service .	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Cand Party	idate Affiliatio	Office State Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Com	mittee:
	(d)	Marian St.	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	2 ° °	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f) .	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Join	t Fund	raising Representative:
	(g)	And A	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)	7=5a	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
	-	2.	FEC ID number C
		3.	
		4.	FEC ID number C

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FEC Form 1 (Revise	d 02/2009)					Page 3
Write or Type Committee Na	me .					
	,					
. Name of Any Connected	d Organization, Affili	ated Committee, Join	t Fundraising Rep	resentative, o	r Leadership F	AC Sponsor
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Custodian of Records: le books and records.	dentity by name, addr	ess (phone number	optional) and posi	tion of the pers	son in possess	ion of committe
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Full Name Gr	9. Parks					
Mailing Address	18H18151 1	ieibibiliei C	rieleki iV	19,11		<u> </u>
	Unit, o	204	<u> </u>		1 1 1 1 1	
•	Highla	nds, Ran	19h 1	CD	80120	<u>-</u> -
Title or Position	•	CITY		STATE	ZIP	CODE
_						•
CEO_{1}			Telephone nu	mber 17,4	,7]-[4,9,	21-132,6,2
						·
 Treasurer: List the name any designated agent (e.g 			the treasurer of th	e committee; a	nd the name a	and address of
Full Name of Treasurer	exils, Plug	α		1_1_1_1_		
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Triegisurie	<u> </u>		Telephone nu	mber L	للنكا - لكل	7-[77]

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Full Name of Designated Agent	ieg, Parks,				·.	
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	Highlan	ds Ran	c _i h	CO STATE	801261 ZIP CO	-LLLL
Title or Position			Telephone num	ber 9-7	291-14.921	-13,2,6,2
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
11,19	Morgan, Ch	as e	tttkkk			
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Federal Election Commission Washington D.C. 20463 999 E. St., NW

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Hand Delivered		Date of Receipt
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Overnight Delivery Service (Sp	pecify):	Shipping Date
	N	lext Business Day Delivery
Received from House Records	& Registration	Date of Receipt Office
Received from Senate Public F	Records Office	Date of Receipt
Received from Electronic Filing	g Office	Date of Receipt
Other (Specify):		Date of Receipt or Postmarked
l		9/19/16
(3/2015)		DATE PREPARED